



**BUREAU OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 323-9020 - EXAMS (916) 445-0916 - RENEWALS**  
**CONSUMER INFORMATION CENTER: (800) 952-5210 (In State Only)**  
**FAX: (916) 323-5037**



## REQUEST FOR CHANGE OF ADDRESS

License/Application Number		(Please type or print legibly in ink)			
Name (First, Middle, Last)					
Date of Birth		Social Security Number		Daytime Phone Number	
		-                      -		(       )                      -	
Previous Address Street		City		State	Zip Code
Current Address Street		City		State	Zip Code
<p align="center"><i>"I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p> <p align="center"><i>I have changed my address without the intent to defraud."</i></p>   <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><b>X</b> _____</p> <p>Signature of Licensee</p> </div> <div style="width: 35%;"> <p>_____</p> <p>Date</p> </div> </div>					